

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	B	3017	6-10-01
FORMALITY REVIEW	R	1017	5-14-02
RESPONSE FORMALITY REVIEW			7-22-02-03

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	N
2	N
3	N
4	N
5	N
6	N
7	✓
8	N
9	N
10	N
11	N
12	N
13	N
14	N
15	N
16	N
17	✓ N
18	✓
19	J
20	J
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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